1   Please add the following new claims:

2   40. (new) A method of generating a clinical status code as an objective measure of a rendered

3   level of care to a patient, said method executed by a system comprising a handheld computer in

4   communication with one or more additional computers,

5   said method comprising:

6   prompting a user to enter or select a type of service rendered;

7   displaying to said user a series of questions, that correspond to said selected

8   service type;

9   prompting said user to enter or select an amount of service time when said

10   selected service type is associated with a time influence factor;

11   determining said clinical status code, where the selected service type does not fall

12   within an exception category, as a function of (i) said selected service type, (ii)

13   a level of medical history of said patient, (iii) a level of physical examination

14   of said patient, (iv) a medical decision-making process, and (v) said amount of

15   service time, if any; and

16   storing said determined clinical status code;

17   wherein both of said promptings and said displaying are performed by said handheld

18   computer, and said determining and said storing are performed by either said handheld

19   computer or said one or more additional computers.

20

21   41. (new) The method of claim 40, further comprising:

22   prompting said user to enter or select at least one diagnosis applicable to said

23   patient and

24   determining a diagnostic code corresponding to one or more of said selected

25   diagnosis and storing said diagnostic code;

26   wherein all of said promptings are performed by said handheld computer, and both of said

27   determinings and both of said storings are performed by either said handheld computer or

28   said one or more additional computers.

29

30

1   42. (new) The method of claim 40, wherein said selected service type is selected from the group

2   consisting of (i) outpatient services, (ii) hospital observation services, (iii) hospital in-patient

3   services, (iv) hospital discharge services, (v) outpatient consultations, (vi) in-patient

4   consultations, (vii) in-patient follow-up consultations, (viii) confirmatory consultations, (ix)

5   emergency services, (x) critical care visits, (xi) neonatal intensive care, (xii) nursing facility

6   services, (xiii) domiciliary, rest home, or custodial care, (xiv) home services, (xv) prolonged

7   services, (xvi) case management team services, (xvii) case management phone services, (xviii)

8   care plan oversight services, (xix) preventive medicine services, (xx) preventive medicine

9   individual counseling, (xxi) preventive medicine group counseling, and (xxii) newborn care.

10

11   43. (new) The method of claim 40, wherein said exception category is selected from the group

12   consisting of hospital discharge services, observation discharge services, critical care, care plan

13   oversight services, case management team services, prolonged services, neonatal intensive care,

14   case management phone services, preventive medicine services, emergency advanced life support

15   services, and newborn care.

16

17   44. (new) The method of claim 43, wherein (1) said selected service type is neonatal intensive

18   care and (2) said clinical status code is further determinable as a function of (i) a neonatal patient

19   stability factor, and (ii) whether the service constituted initial care or subsequent care.

20

21   45. (new) The method of claim 43, wherein (1) said selected service type is case management

22   phone services, and (2) said clinical status code is further determinable as a function of a

23   complexity-of-call factor.

24

25   46. (new) The method of claim 43, wherein (1) said selected service type is preventive medicine

26   services, and (2) said clinical status code is further determinable as a function of the age of the

27   patient.

28

1   47. (new) The method of claim 43, wherein (1) said selected service type is newborn care, and

2   (2) said clinical status code is further determinable as a function of (i) whether the newborn care

3   is given at a hospital or at a location other than a hospital, (ii) whether one or more specified risk

4   factors is present, and (iii) whether the service constituted initial care or subsequent care.

5

6   48. (new) The method of claim 43, wherein (1) said selected service type is hospital discharge

7   services, and (2) said clinical status code is further determinable solely as a function of said

8   selected service type.

9

10 49. (new) The method of claim 43, wherein (1) said selected service type is hospital observation

11 discharge services, and (2) said clinical status code is further determinable solely as a function of

12 said selected service type.

13

14 50. (new) The method of claim 43, wherein (1) said selected service type is critical care, and (2)

15 said clinical status code is further determinable as a function of the amount of service time.

16

17 51. (new) The method of claim 43, wherein (1) said selected service type is care plan oversight

18 services, and (2) said clinical status code is further determinable as a function of the amount of

19 service of time provided during any consecutive 30 day period.

20

21 52. (new) The method of claim 43, wherein (1) said selected service type is case management

22 team services, and (2) said clinical status code is further determinable as a function of (i) selected

23 service type, and (ii) amount of time the physician spends in conference with another health care

24 professional to coordinate activities for patient care.

25

26 53. (new) The method of claim 43, wherein (1) said selected service type is prolonged services,

27 and (2) said clinical status code is further determinable as a function of (i) whether said

28 prolonged services are provided in an in-patient setting or an out-patient basis, (ii) whether said

29 prolonged services are provided with or without said patient being present and (iii) the amount of

30 service time.

15

1   54. (new) The method of claim 43, wherein (1) said selected service type is emergency advanced

2   life support services, and (2) said clinical status code is further determinable solely as a function

3   of said selected service type.

4

5   55. (new) The method of claim 40, wherein said level of medical history, said level of physical

6   examination and said medical decision-making process are each represented by one of four

7   allowable levels, referred to as selected levels.

8

9   56. (new) The method of claim 40, further comprising verifying that said levels meet specified

10 criteria and if not, assigning a default code as said clinical status code, wherein said verifying and

11 said assigning are performed by either said handheld computer or said one or more additional

12 computers.

13

14 57. (new) A physician practice management system including a handheld computer and in

15 communication with one or more additional computers for determining and recording a mult-

16 element clinical status code as an objective measure of a rendered level of care to a patient,

17   said system comprising:

18   means for prompting a user to enter or select a service type;

19   means for prompting said user to enter or select one of a plurality of allowable

20   levels for each said clinical status code element;

21   means for prompting said user to enter or select an amount of service time when

22   said selected service type is associated with a time influence factor;

23   means for determining said clinical status code as a function of said selected

24   service type, said clinical status code element levels and a medical decision-

25   making process, and said amount of service time if any; and

26   means for storing said clinical status code.

27

28 58. (new) An apparatus comprising one or more program storage devices encoding a machine-

29 executable copy of a program of instructions for performing a method in accordance with any

30 one of claims 40–56.

31

16

1   59. (new) An apparatus for use in a physician practice management system for determining and

2   recording a clinical status code that is an objective measure of a rendered level of care to a

3   patient, said apparatus comprising:

4   means for prompting a user to enter or select a service type, referred to as a

5   selected service type;

6   means for prompting the user to enter or select, for each element of said clinical

7   status code, one of a plurality of allowable levels for said element, referred to

8   as a selected level;

9   means for prompting the user to enter an amount of service time if said selected

10   service type is associated with a time influence factor;

11   means for communicating to an external device information entered by the user in

12   response to said prompts.

13

14   60. (new) The apparatus of claim 59 further comprising means for receiving said clinical status

15   code from said external device.

16

17   61. (new) The system of claim 57 further comprising:

18   means for prompting said user to enter or select at least one diagnosis applicable to said

19   patient.

20

21

17

1   62. (new) A method of generating a clinical status code quantifying a physician intervention

2   status of a patient, executed by a device operated by a medical staff member, said clinical status

3   code being a function of (i) a level of medical history of said patient, a level of physical

4   examination of said patient, and a medical decision-making process of said physician treating

5   said patient, referred to as key elements of said clinical status code, (ii) a time influence factor

6   determined as a function of (1) an amount of unit floor time or face-to-face time spent by said

7   physician in connection with an encounter with said patient, or (2) an amount of time spent by

8   said physician in counseling or coordination of care for said patient,

9   said method comprising the steps of:

10   prompting the staff member to select a service type, referred to as a selected service type;

11   displaying to said staff member a series of questions, said series of questions being

12   determined by said selected service type;

13   prompting the staff member to select, for each respective key element of said clinical

14   status code, one of a plurality of allowable levels for said respective key element,

15   referred to as a selected level;

16   if said selected service type is associated with a time influence factor, then prompting the

17   staff member to enter an amount of service time;

18   if the selected service type does not fall within an exception category, then determining

19   said clinical status code as a function of one or more of: i) said selected service

20   type, (ii) said selected levels, and (iii) if the staff member entered an amount of

21   service time, said amount of service type.